## The Governor's DESIREE TAGGART MEMORIAL AWARDS FOR WORKFORCE DEVELOPMENT NOMINATION FORM

Nomine NAME	ee Information: :					
BUSINESS: (if applicable)						
PROGRAM: (if applicable)						
ADDRI	ESS:					
PHONI	E:					
I am no	ominating this person/busines	ss/program	in the following category	:		
_	Business – For Profit Business – Not for Profit □		a – Private Sector □ a – Public Sector □		ual – Private Sector ual – Public Sector	
Nomina NAME	ated by: :					
ADDRI	ESS:					
PHONI	E:					
pages, (	ations, including any attachm (8 ½" x 11", Arial font, 11 pt, ation (see award brochure fo	single-spac	ced). Nominations should			
Outstanding Achievement in one or more of the following quality categories:		Description of the individual/business/program's efforts in the following areas:		person/bu	Please indicate if the person/business/individual you are nominating participates in any of	
Categor	Leadership		Fostering teamwork		ing areas (not required	
	Strategic Planning		Performance	for award	):	
	Customer & Market		Excellence		Community	
	Focus Information &		Customer Service Orientation		<b>Management Team</b>	
_	Analysis		Use of Customer		State Workforce	
	<b>Human Resource</b>	_	<b>Satisfaction Measures</b>		<b>Investment Board</b>	
	Focus Process Management		Initiative & Versatility			
	Organizational		Engagement with the			
_	Results		public workforce			
			system	1		

Submit nominations to: State Workforce Investment Board, Attn: Desiree Taggart Memorial Awards, PO Box 1728, Helena, MT 59624. Please call Chris Wilhelm (444-4480) with any questions.